

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580035

FILING DATE

05-19-06

APPLICANT(S)

S. BIGNON

04/03/09

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1		1			
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		2		
12		3		1		
13		3		1		
14		3		1		
15		3		1		
16	1			1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22		3		1		
23		3		1		
24		3		1		
25		3		1		
26		3		1		
27		3		1		
28		3		1		
29		3		1		
30		3		1		
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36				1		
37				1		
38				1		
39				1		
40				1		
41						
42						
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46						
47						
48						
49						
50						
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	33	←	39	←		←
TOTAL CLAIMS	36		41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						